

EXHIBIT B

Goldberg & Associates

July 21, 2020

U.S. Citizenship and Immigration Services
National Records Center, FOIA/PA Office
P. O. Box 648010
Lee's Summit, MO 64064-8010

Re: Form G-639 Freedom of Information /Privacy Act Request
Subject of Record: CHARPENTIER, Edouard J.
Alien No.: [REDACTED] 992

Dear Sir/Madam:

Please be advised that our office represents the above-referenced individual. A duly executed G-28 evidencing such representation is attached hereto.

Enclosed, please find the following documents:

- G-28 on behalf of the Subject of Record;
- G-639 Freedom of Information / Privacy Act Request Form;
- Copy of Certificate of naturalization for the Subject of Record;

Thank you for your attention to this matter. Feel free to contact my office at the above referenced number if you have any further questions.

Sincerely,



Sulay Martinez, for
Julie A. Goldberg, Esq.
Enclosures

NEW YORK
5586 Broadway, Third Floor
Bronx, NY 10463
Tel. 718.432.1022

LOS ANGELES
14370 Ventura Blvd.
Sherman Oaks, CA 91423
Tel. 818.999.1559

DETROIT
3005 Oakwood Blvd.
Melvindale, MI 48122
Tel. 818.999.1559

DJIBOUTI
Marabout Lot No 549A
Heron, Djibouti
Past the second Circle,
Big Yellow House



Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS

Form G-28

OMB No. 1615-0105

Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

Address of Attorney or Accredited Representative

3.a. Street Number and Name

3.b. ☐ Apt. ☐ Ste. ☒ Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number

5. Mobile Telephone Number (if any)

6. Email Address (if any)

7. Fax Number (if any)

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

1.b. Bar Number (if applicable)

1.c. I (select **only one** box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

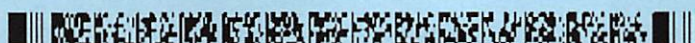
2.c. Date of Accreditation (mm/dd/yyyy)

3. ☐ I am associated with

,
the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate



Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

- 1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)
- 1.b. List the form numbers or specific matter in which appearance is entered.
All Immigration Matters
- 2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
- 3.a. ☐ U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
4. Receipt Number (if any)
▶

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5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):
☒ Applicant ☐ Petitioner ☐ Requestor
☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

- 6.a. Family Name (Last Name) Charpentier
- 6.b. Given Name (First Name) Edouard
- 6.c. Middle Name Joseph
- 7.a. Name of Entity (if applicable)
- 7.b. Title of Authorized Signatory for Entity (if applicable)
8. Client's USCIS Online Account Number (if any)
▶

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9. Client's Alien Registration Number (A-Number) (if any)
▶ A-

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Client's Contact Information

10. Daytime Telephone Number
7185645343
11. Mobile Telephone Number (if any)
12. Email Address (if any)
uscis@goldbergimmigration.com

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

- 13.a. Street Number and Name 5586 Broadway
- 13.b. ☐ Apt. ☐ Ste. ☒ Flr. 3
- 13.c. City or Town Bronx
- 13.d. State NY 13.e. ZIP Code 10463
- 13.f. Province
- 13.g. Postal Code
- 13.h. Country
USA

Part 4. Client's Consent to Representation and Signature**Consent to Representation and Release of Information**

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

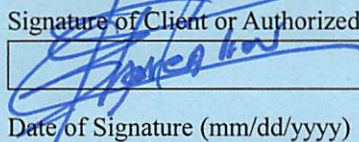
Part 4. Client's Consent to Representation and Signature (continued)**Options Regarding Receipt of USCIS Notices and Documents**

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

- 1.a. ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. ☐ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).
- NOTE:** If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**
- 1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

- 2.a. Signature of Client or Authorized Signatory for an Entity

- 2.b. Date of Signature (mm/dd/yyyy) 7/22/2020

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

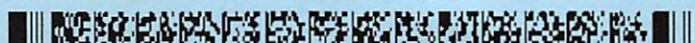
1. a. Signature of Attorney or Accredited Representative



- 1.b. Date of Signature (mm/dd/yyyy)

- 2.a. Signature of Law Student or Law Graduate

- 2.b. Date of Signature (mm/dd/yyyy)



1.a	Family Name (Last Name)	Charpentier
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1.b. Given Name (First Name)	Edouard
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1.c. Middle Name	Joseph
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2.a. Page Number **2.b.** Part Number **2.c.** Item Number

2.d.

3.a. Page Number	3.b. Part Number	3.c. Item Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

3.d.

4.a. Page Number 4.b. Part Number 4.c. Item Number

[illegible]

5.a. Page Number **5.b.** Part Number **5.c.** Item Number

[illegible]

6.a. Page Number **6.b.** Part Number **6.c.** Item Number

[illegible]



Freedom of Information/Privacy Act Request

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form G-639
OMB No. 1615-0102
Expires 06/30/2022

NOTE: Use of this form is optional. USCIS accepts any written request, regardless of format, provided that the request complies with the applicable requirements under the FOIA and the Privacy Act. However, using this form can help ensure we have the appropriate information to handle your request.

► **START HERE - Type or print in black ink.**

Part 1. Type of Request

Select **only one** box.

NOTE: If you are filing this request on behalf of another individual, respond as it would apply to that individual.

- 1.a. ☒ Freedom of Information Act (FOIA)/Privacy Act (PA)
1.b. ☐ Amendment of Record (PA only)

Part 2. Requestor Information

1. Are you the Subject of Record for this request?
☐ Yes ☒ No

If you answered "Yes" to **Item Number 1.**, skip to **Part 3.** If you answered "No" to **Item Number 1.**, provide the information requested in **Part 2.**, **Item Numbers 2.a. - 3.c.**

Representative Role to the Subject of Record

Select your representative role to the Subject of the Record.

- 2.a. ☒ An Attorney
2.b. ☐ An Accredited Representative of a Qualified Organization
2.c. ☐ A Family Member

Select the appropriate box to provide further information regarding your representative role to the Subject of the Record.

- 3.a. ☐ I am requesting information on behalf of my child or a minor I have guardianship over.
3.b. ☐ I am requesting information on behalf of someone who is deceased.
3.c. ☒ I am requesting information on behalf of someone for whom I have power of attorney.

Requestor's Full Name

- 4.a. Family Name (Last Name)
4.b. Given Name (First Name)
4.c. Middle Name

Requestor's Mailing Address

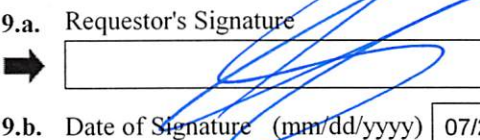
- 5.a. In Care Of Name (if any)
5.b. Street Number and Name
5.c. ☐ Apt. ☐ Ste. ☒ Flr.
5.d. City or Town
5.e. State 5.f. ZIP Code
5.g. Province
5.h. Postal Code
5.i. Country

Requestor's Contact Information

6. Requestor's Daytime Telephone Number
7. Requestor's Mobile Telephone Number (if any)
8. Requestor's Email Address (if any)

Requestor's Certification

By my signature, I consent to pay all costs incurred for search, duplication, and review of documents up to **\$25.** (See the **What Is the Filing Fee** section in the Form G-639 Instructions for more information.)

- 9.a. Requestor's Signature 
9.b. Date of Signature (mm/dd/yyyy)

Part 3. Description of Records Requested

While you are not required to respond to every **Item Number** in **Part 3.**, failure to provide complete and specific information may delay processing of your request or prevent U.S. Citizenship and Immigration Services (USCIS) from locating the records or information requested.

1. State the purpose of your request.

NOTE: This field is optional. However, providing this information may assist USCIS in locating the records and information needed to respond to your request.

All immigration documents pertaining to any immigrant visa, petitions for Alien relatives and any naturalization applications with A-992

Full Name of the Subject of Record

- 2.a. Family Name (Last Name) Charpentier
- 2.b. Given Name (First Name) Edouard
- 2.c. Middle Name Joseph

Other Names Used by the Subject of Record (if any)

Provide all other names the Subject of Record has ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information.**

- 3.a. Family Name (Last Name) Charpentier
- 3.b. Given Name (First Name) Joseph
- 3.c. Middle Name Edouard
- 4.a. Family Name (Last Name) Charpentier
- 4.b. Given Name (First Name) Joseph
- 4.c. Middle Name Edward

Full Name of the Subject of Record at Time of Entry into the United States

- 5.a. Family Name (Last Name) Charpentier
- 5.b. Given Name (First Name) Joseph
- 5.c. Middle Name Edouard

Other Information About the Subject of Record

- 6.a. Form I-94 Arrival-Departure Record Number
- 6.b. Passport or Travel Document Number
7. Alien Registration Number (A-Number) (if any) A-992
8. USCIS Online Account Number (if any)
9. Application or Petition Receipt Number

Information About Family Members that May Appear on Requested Records

For example, provide the requested information about a spouse or children. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information.**

Family Member 1

- 10.a. Family Name (Last Name) Charpentier
- 10.b. Given Name (First Name) Marlene
- 10.c. Middle Name
11. Relationship spouse

Family Member 2

- 12.a. Family Name (Last Name) Charpentier
- 12.b. Given Name (First Name) Pascal
- 12.c. Middle Name Edouard
13. Relationship Child

Parents' Names for the Subject of Record**Father**

- 14.a. Family Name (Last Name) Williams
- 14.b. Given Name (First Name) Edward
- 14.c. Middle Name

**Part 3. Description of Records Requested
(continued)****Mother**

15.a. Family Name (Last Name) Charpenter

15.b. Given Name (First Name) Fernande

15.c. Middle Name

15.d. Maiden Name (if applicable)

16. Describe the records you are seeking. If you need additional space, use the space provided in Part 6.
Additional Information.

All immigration documents pertaining to any immigrant visa, petitions for Alien relatives and any naturalization applications with [REDACTED] 992

Part 4. Verification of Identity and Subject of Record ConsentProvide the information requested in Item Numbers 1.a. - 7. In addition, the Subject of Record **MUST** sign in Item Numbers 8.a. - 8.c.**Full Name of the Subject of Record**

1.a. Family Name (Last Name) Charpentier

1.b. Given Name (First Name) Edouard

1.c. Middle Name Joseph

Other Information for the Subject of Record

2. Date of Birth (mm/dd/yyyy) [REDACTED] 947

3. Country of Birth
Haiti**Mailing Address for the Subject of Record**4.a. In Care Of Name (if any)
Goldberg & Associates, PC

4.b. Street Number and Name 5586 Broadway

4.c. ☐ Apt. ☐ Ste. ☒ Flr. 3

4.d. City or Town Bronx

4.e. State NY 4.f. ZIP Code 10463

4.g. Province

4.h. Postal Code

4.i. Country
USA**Contact Information for the Subject of Record**

NOTE: Providing this information is optional.

5. Daytime Telephone Number
7185645343

6. Mobile Telephone Number (if any)

7. Email Address (if any)
uscis@goldbergimmigration.com

Part 4. Verification of Identity and Subject of Record Consent (continued)**Signature of the Subject of Record**Select **only one** box.

NOTE: The Subject of Record **MUST** provide a signature in **Item Number 8.a. OR Item Number 8.b.** If the Subject of Record is deceased, select **Item Number 8.c.** and attach an obituary, death certificate, or other proof of death.

8.a. ☒ Notarized Affidavit of Identity

IMPORTANT: Do **NOT** sign and date below until the notary public provides instructions to you.

By my signature, I consent to USCIS releasing the requested records to the requestor (if applicable) named in **Part 2.** If filing this request on my own behalf, I also consent to pay all costs incurred for search, duplication, and review of documents up to **\$25.** (See the **What Is the Filing Fee** section in the Form G-639 Instructions for more information.)

[Signature]
Signature of Subject of Record

7/28/2020
Date of Signature (mm/dd/yyyy)

Subscribed and sworn to before me on this *28th*
day of *July* in the year *2020*.

Daytime Telephone Number *718-432-1022*

[Signature]
Signature of Notary

6/24/2021
My Commission Expires on (mm/dd/yyyy)

SANTA S. MARTINEZ
NOTARY PUBLIC STATE OF NEW YORK
No. 01MA6284780
Qualified in Bronx County
Commission Expires June 24, 20*21*

8.b. ☐ Declaration Under Penalty of Perjury

By my signature, I consent to USCIS releasing the requested records to the requestor (if applicable) named in **Part 2.** If filing this request on my own behalf, I also consent to pay all costs incurred for search, duplication, and review of documents up to **\$25.** (See the **What Is the Filing Fee** section in the Form G-639 Instructions for more information.)

I certify, swear, or affirm, under penalty of perjury under the laws of the United States of America, that the information in this request is complete, true, and correct.

Signature of Subject of Record

Date of Signature (mm/dd/yyyy)

8.c. ☐ Deceased Subject of Record**Part 5. Processing Information**

- Indicate if any of these circumstances apply to your request (Select all that apply).
 - ☐ Circumstances in which the lack of expedited treatment could reasonably be expected to pose an imminent threat to the life or physical safety of the individual.
 - ☐ An urgency to inform the public about an actual or alleged Federal government activity, if made by a person primarily engaged in disseminating information.
 - ☐ The loss of substantial due process rights.
 - ☐ A matter of widespread and exceptional media interest in which there exists possible questions about the government's integrity which affects public confidence.

Submit a certified, detailed statement regarding the basis for your request with your Form G-639.

- Do you have a pending Immigration Court hearing date?
☐ Yes ☒ No

If you answered "Yes" to **Item Number 2.**, submit a copy of one of the following documents with your Form G-639: I-862, Notice to Appear; Form I-122, Order to Show Cause; Form I-863, Note of Referral to Immigration Judge, or submit a written notice of continuation of a future scheduled hearing before the immigration judge.

THE UNITED STATES OF AMERICA



No. [REDACTED] 29

CERTIFICATE OF

NATURALIZATION

*Personal description of holder
as of date of naturalization:*

Date of birth: [REDACTED] 1947

Sex: MALE

Height: 5 feet 7 inches

Marital status: MARRIED

Country of former nationality:
HAITI

USCIS Registration No. [REDACTED] 92

*I certify that the description given is true, and that the photograph affixed
hereto is a likeness of me.*

[Signature]
(Complete and true signature of holder)

*Be it known that, pursuant to an application filed with the Secretary of
Homeland Security*

at: HOLTSVILLE, NEW YORK

The Secretary having found that:

EDOUARD JOSEPH CHARPENTIER

residing at: CAMBRIA HEIGHTS, NEW YORK



*having complied in all respects with all of the applicable provisions of the
naturalization laws of the United States, being entitled to be admitted as
a citizen of the United States, and having taken the oath of allegiance at a
ceremony conducted by*

US DISTRICT COURT EASTERN DISTRICT

at: CENTRAL ISLIP, NEW YORK

on: FEBRUARY 11, 2016

such person is admitted as a citizen of the United States of America.

[Signature]

U. S. Citizenship and Immigration Services

ALTERATION OR MISUSE OF THIS DOCUMENT
IS A FEDERAL OFFENSE AND PUNISHABLE BY LAW

DEPARTMENT OF HOMELAND SECURITY